PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 210121.494C2	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/057,475	ACI, 2003 (H.K.	4010).)	Filed	January 22, 2002
For COMPOSITIONS AND METHODS FOR THE DE HEMATOLOGICAL MALIGNANCIES	ETECTION, DI	AGNOSIS A	ND THE	ERAPY OF
Art Unit 1642			Examir Sean E	ner E. Aeder, Ph.D.
This is a request under the provisions of 37 CFR 1 reply in the above identified application.	1.136(a) to exte	end the peric	od for fili	ng a
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small En	tity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$6	0	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$22	25	\$
X Three months (37 CFR 1.17(a)(3))	\$1020	\$51	10	\$ <u>1020</u>
Four months (37 CFR 1.17(a)(4))	\$1590	\$79	95	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	80	\$
Applicant claims small entity status. See 37 C	FR 1.27.			
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this				
application to a Deposit Account.				
The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .				
to Deposit Account Number <u>13-1090</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the ☐ applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
☑ attorney or agent of record. Registration	on No. <u>42,676</u>			
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
Registration number if acting under 37	CFR 1.34	<u> </u>		
/Jeffrey Hundley/		A	August 2	20, 2007
Signature		Date		
Jeffrey Hundley, Ph.D., Patent Agent		206-622-4900		
Typed or printed name		Telepho	one Nur	mber

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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